

March 8, 2001

Dear IPM Coordinator:

In response to the Healthy Schools Act (AB 2260), we are conducting this survey of all school districts within California. The purposes are to obtain information on various aspects of district pest management policies and practices, and to identify resources you may need for your pest management activities. **The information we obtain from this survey will assist us in developing materials that will help your school district comply with the law and help you improve your district's pest management practices.**

Please take a few minutes to complete this questionnaire and return it in the enclosed self-addressed, postage-paid envelope to California State University, Sacramento, where the results will be tabulated. You need not identify yourself, and all individual responses will remain confidential.

Thank you for your assistance. We would appreciate your responding by **April 9, 2001**.

Sincerely,

Paul E. Helliker
Director

BASELINE SURVEY OF SCHOOL DISTRICTS

1. Which of the following best describes how your school district keeps records on pest management treatment? *Please check all that apply.*
 - 1) ☐ Records are maintained of pest sightings
 - 2) ☐ Records are kept of results of pest monitoring
 - 3) ☐ Records are kept of pest treatments used
2. Which **one** of the following best describes how frequently your district receives inquiries from the community concerning pest management issues?
 - 1) ☐ Daily
 - 2) ☐ Weekly
 - 3) ☐ Monthly
 - 4) ☐ Less than once per month

3. Overall, how serious a problem does your district have with **each** of the following pests?

	Very Serious	Some- what Serious	Un- certain	Not Very Serious	Not at All Serious
1) Fire ants	_____	_____	_____	_____	_____
2) Ants	_____	_____	_____	_____	_____
3) Cockroaches	_____	_____	_____	_____	_____
4) Yellowjackets/bees	_____	_____	_____	_____	_____
5) Termites/structural pests	_____	_____	_____	_____	_____
6) Spiders	_____	_____	_____	_____	_____
7) Flies/gnats/midges	_____	_____	_____	_____	_____
8) Mosquitoes	_____	_____	_____	_____	_____
9) Mice or rats	_____	_____	_____	_____	_____
10) Gophers	_____	_____	_____	_____	_____
11) Weeds	_____	_____	_____	_____	_____
12) Pests/diseases of landscape plants	_____	_____	_____	_____	_____
13) Other (specify) _____	_____	_____	_____	_____	_____

Questions 4 through 9 concern ANTS

4. Within the last two years, has your district treated for **ants** inside school buildings?

1) YES ☐ (Please go to Question 5)

2) NO ☐ (Please go to Question 10)

5. Which **one** of the following best describes how you normally decide that treatment for ants inside school buildings is necessary?

1) ☐ Treatment undertaken at regular time intervals (for example, weekly or monthly)

2) ☐ Treatment when ants are first noticed

3) ☐ Treatment when number of ants exceed a pre-established threshold

4) ☐ Treatment when have a certain number of complaints from staff, teachers, students, or parents

5) ☐ Other (please specify) _____

6. Which pest management method(s) do you typically use to control ants in buildings? *Please check all that you typically use.*

1) ☐ Broadcast insecticide spray applied along ant trail or as a barrier

2) ☐ Aerosol insecticide spray applied along ant trail or as a barrier

3) ☐ Ant baits

4) ☐ Soapy water spray

5) ☐ Using caulk in cracks to prevent entry of ants

6) ☐ Other (please specify) _____

7. Which **one** of the above methods do you prefer to use for ants in school buildings? *Please indicate the number of the line from Question 6.* _____

8. Which **one** of the following is most likely to administer treatment(s) to control ants in school buildings?

1) ☐ Custodians

2) ☐ Teachers

3) ☐ District staff

4) ☐ Outside contractor (such as a pest control operator)

5) ☐ Other (please specify) _____

9. Overall, how effective do you consider your pest control methods to be for ants in school buildings?

1) ☐ Very effective

2) ☐ Somewhat effective

3) ☐ Uncertain

4) ☐ Somewhat ineffective

5) ☐ Very ineffective

Questions 10 through 15 concern WEEDS:

10. Within the last two years, has your district treated for weeds?

- 1) YES ☐ (Please go to Question 11)
- 2) NO ☐ (Please go to Question 16)

11. At which **one** of the following locations do you typically have the **most** trouble with weeds?

- 1) ☐ Athletic fields/playgrounds
- 2) ☐ Landscaping
- 3) ☐ Rights of way
- 4) ☐ Fence rows
- 5) ☐ Other (please specify) _____

12. Which **one** of the following best describes how you decide that treatment is necessary?

- 1) ☐ Treatment undertaken at regular time intervals (such as monthly)
- 2) ☐ Treatment when weeds are first noticed
- 3) ☐ Treatment when weed abundance exceeds a pre-established threshold
- 4) ☐ Treatment when have a certain number of complaints from staff, teachers, students, or parents
- 5) ☐ Other (please specify) _____

13. Which pest management method(s) do you typically use to control weeds? *Please check all that you typically use.*

- 1) ☐ Regular broadcast treatment of turf and/or landscaping with herbicides
- 2) ☐ Regular spot treatment of turf and/or landscaping with herbicides
- 3) ☐ Use of mulches
- 4) ☐ Physical controls—hand pulling, cultivating, mowing
- 5) ☐ Flaming
- 6) ☐ Other (please specify) _____

14. Which **one** of the methods above do you prefer to use for these weeds? *Please indicate the number of the line from Question 13.* _____

15. Overall, how effective do you consider your weed control methods to be?

- 1) ☐ Very effective
- 2) ☐ Somewhat effective
- 3) ☐ Uncertain
- 4) ☐ Somewhat ineffective
- 5) ☐ Very ineffective

16. Does your school district have an approved list of pesticides for pest control on school property?

- 1) ☐ Yes
- 2) ☐ No

17. Does your district hire outside pest control operators (or PCOs)?

- 1) YES ☐ (Please go to Question 18)
- 2) NO ☐ (Please go to Question 19)

18. Which **one** of the following best describes how your district contracts with outside PCOs?

- 1) ☐ Contracting is done by each school within the district
- 2) ☐ The district contracts with PCOs for all pest management districtwide
- 3) ☐ The district contracts with PCOs for pest management of particular pests districtwide
- 4) ☐ PCOs are hired on an as-needed basis districtwide
- 5) ☐ Other (please specify) _____

19. Overall, how effective do you consider your current pest management policies and practices to be in managing pest problems in a safe manner?
- 1) ☐ Very effective
 - 2) ☐ Somewhat effective
 - 3) ☐ Uncertain
 - 4) ☐ Somewhat ineffective
 - 5) ☐ Very ineffective

20. Overall, how satisfied are you with your current pest management policies and practices?
- 1) ☐ Very satisfied
 - 2) ☐ Somewhat satisfied
 - 3) ☐ Uncertain
 - 4) ☐ Somewhat dissatisfied
 - 5) ☐ Very dissatisfied

21. How useful to you would **each** of the following resources be in reducing pesticide use and improving your pest management system?

	Very useful	Some- what useful	Un- certain	Not very useful	Not at all useful
1) Information on health effects of pesticides.	_____	_____	_____	_____	_____
2) Information on pest management practices used at other schools.	_____	_____	_____	_____	_____
3) Information on health and safety risks from pests.	_____	_____	_____	_____	_____
4) Information on identifying pest problems.	_____	_____	_____	_____	_____
5) Information on preventing pest problems.	_____	_____	_____	_____	_____
6) Least-toxic pest management practices.	_____	_____	_____	_____	_____
7) Pesticide safety training.	_____	_____	_____	_____	_____
8) Print, video or computer-based course modules on specific pest management topics.	_____	_____	_____	_____	_____
9) Lists of products and tools compatible with least-toxic pest management programs.	_____	_____	_____	_____	_____

22. Which **two** of the resources above would you find most useful? *Please identify by **circling** the numbers of the resource from Question 21.*

23. What one method would be most convenient for communicating with you?

- | | |
|---|---|
| 1) <input type="checkbox"/> Printed material through the mail | 3) <input type="checkbox"/> Fax |
| 2) <input type="checkbox"/> E-mail | 4) <input type="checkbox"/> Other _____ |

24. Do you have any other comments or suggestions? _____

<p>This completes the survey. Thank you for your cooperation. Please return your completed questionnaire in the postage-paid envelope by April 9, 2001.</p>
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